


DEPARTMENT OF CORRECTION  	<b>POLICY MANUAL</b>	<b>POLICY NUMBER:</b>  211 v4.2	<b>PAGE NUMBER:</b>  1 of 24
		<b>SUBJECT:</b>  Hiring and Probation	Reviewed: 02-04-03 Revised: 12-29-10

## **01.00.00. POLICY OF THE DEPARTMENT**

It is the policy of the Idaho Board of Correction that the Idaho Department of Correction (IDOC) will fill all positions competitively on the basis of merit and in accordance with applicable federal and state laws.

In order to maintain confidentiality and protect the security of the department and its facilities, it is the policy of the Board of Correction that the department performs thorough and careful screening of the applicants prior to hiring.

### **01.01.00. PURPOSE**

The IDOC shall utilize probationary periods as a working test period to provide an opportunity to evaluate a probationary employee's work performance and suitability for the position.

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- 05.02.05. Extension of Probationary Period
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### **03.00.00. REFERENCES**

Age Discrimination in Employment Act (ADEA).

Americans with Disabilities Act (ADA).

Civil Rights Act (EEO), Title VII.

Department Policy 202, Compensation Plan.

Department Policy 214, Equal Employment Opportunity.

Department Policy 216, Seniority and Staffing.

Department Policy 222, Performance Management.

Department Policy 228, Drug-free Workplace.

Division of Human Resource (DHR) Rules: 010, 019, 021, 022, 080, 081, 082, 084, 085, 100, 101, 104, 105, 110, 111, 112, 120, 121, 123, 125, 126, 130, 131, 133, 145, 146, 147, 150, 151, 152, 153, 154, 160, 170, 182, 220.

Federal Laws Prohibiting Employment Discrimination, Third Edition: Americans with Disabilities Act.

Idaho Statutes: 20-408, 67-5302, 67-5303.

### **04.00.00. DEFINITIONS**

Adequate Eligibility Register: A minimum of five (5) names of eligible candidates currently available for consideration.

Appointing Authority: Pursuant to Idaho Code, the director (1) is the appointing authority for the Department of Correction and is authorized to hire, dismiss, determine salary, or significantly impact the employment status of individuals in any department; (2) delegates appointing authority responsibilities to the following department managers: division chiefs, wardens, community work center (CWC) managers, district managers, deputy chiefs, or equivalents; and (3) can also delegate appointing authority responsibilities to deputy wardens, lieutenants, unit managers, unit supervisors, or district supervisors.

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**At-Will Employee:** Appointment to non-classified or temporary position. Incumbent can be terminated at any time without cause assigned.

**Best-Suited Applicant:** The applicant with the abilities and skills that best fit the position's responsibilities and the identified needs of the position as determined by the appointing authority (or designee). This does not necessarily mean the applicant with the most qualifications, the most seniority, or the one who scores highest on an examination or interview, will be hired.

**Division of Human Resources (DHR):** Commonly referred to as DHR. The Division of Human Resources (DHR) is authorized and directed to administer a personnel system, including the provision of personal and professional training, for classified Idaho employees and is part of the Executive Office of the Governor.

**E-DOC:** Department of Correction Intranet. Can be accessed by authorized IDOC Personnel.

**Eligibility Registers:** A list of individuals determined to be eligible for employment in a classification on the basis of examination and merit factors as established by DHR. Types of eligibility registers are:

Department Promotional - Restricted to permanent Department of Correction employees.

Statewide Promotional - Restricted to permanent state of Idaho employees.

Open Competitive - Open to any individual authorized to work in the State of Idaho or the United States.

Layoff - Names of classified employees who have been laid off or demoted because of shortage of work or funds, reorganization, abolishment of a position, or released to return to work within twelve (12) months following disability layoff.

**Essential Functions:** The fundamental job duties of an employment position.

**Human Resource Services (HRS):** Referred to as HRS, is an IDOC division administering human resource functions and services for Department employees and management.

**ILETS:** Idaho Law Enforcement Telecommunications System. This applies to all electronic data generated by the Idaho State Police and IDOC data input and query functions.

**ILETS Operator:** Those staff certified to operate computers/equipment, which access ILETS/NCIC data as certified by the facility T.A.C.

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Merit: Competence, valid job qualifications and skills, and individual performance.

NCIC: National Crime Information Center. Operated by the Federal Bureau of Investigation.

Non-Security employees: Employees of the Department of Correction who normally do not directly supervise inmates.

PCN: (Position Control Number) A four digit number assigned to each position that identifies classification, pay grade, and funding source.

Reasonable Accommodations: An adjustment made to a job and/or work environment that enables a qualified individual with a disability to perform the essential functions of the position and would not cause undue hardship on the operation of the department.

Security Employees: Those employees with the Department of Correction who normally have direct supervision of inmates: Correctional Officers, Food Service Employees, and Probation and Parole Officers.

T.A.C: Terminal Agency Contact. The persons' who are responsible for training and certification of ILETS Operators.

Top Ten Available on an Eligibility Register: The first 10 available names on the register and anyone tied with 10th place, who would take the position if it were offered.

Undue Hardship: An action requiring significant difficulty or expense to the Department in relation to the Americans with Disabilities Act (ADA).

## **05.00.00. PROCEDURE**

### **05.01.00. *Hiring and Appointment Procedure***

#### **05.01.01. *Equal Opportunity***

When hires and appointments occur no person shall be discriminated against because of race, national origin, color, sex, age, religion, disability, or veteran status (unless under other than honorable conditions).

#### **05.01.02. *Confidentiality***

All applications, placement on eligibility registers, names of subject matter specialists involved in reviewing and scoring applications, interview questions and answers, and background investigation findings shall be kept confidential.

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### **05.01.03. Recruitment**

Human Resource Services (HRS) shall coordinate recruitment and advertisement efforts with Idaho State's Division of Human Resources (DHR) and in conjunction with identified IDOC affirmative action goals. IDOC employees may be required to represent the IDOC at external recruitment activities. Advertisements for openings and recruitment materials shall include a statement indicating the IDOC is an equal opportunity employer (EOE).

The appointing authority should announce openings by internal memo or e-mail so department employees are aware of job opportunities. The memo shall include a contact person, phone number, and contact deadline.

### **05.01.04. Non-classified Appointments**

In accordance with Idaho Code section 67-5303 (q), (r), (s), and (t), the IDOC director, employees of Correctional Industries, division chiefs, deputy division chiefs, and Wardens are considered non-classified employees.

The Idaho Board of Correction appoints non-classified employees to the IDOC. These appointments are filled on the basis of merit and are considered at-will employees. Under the direction of the board, these positions shall follow this policy, unless otherwise indicated by that authority.

Temporary employees are considered non-classified, at-will employees.

### **05.01.05. Sources for Filling Classified Positions**

An appointing authority may consider the following sources for filling a classified position:

Acting Appointment	Reinstatement
Double fill	Temporary Appointment
Eligibility Register	Transfer
Layoff Register	Under fill
Limited Service	Voluntary Demotion

#### **05.01.05.01. Acting Appointment**

A classified, permanent employee may be appointed to a position in a higher pay grade in an acting capacity when: (1) the incumbent of the position in the higher classification is on an authorized leave of absence; or (2) a vacancy exists and there is no IDOC layoff or adequate register for the classification. The employee must meet the minimum qualifications.

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All time served in an acting capacity immediately proceeding an employee's promotion shall count toward the probationary period provided the employee is hired from the top 10 available on an eligibility register. Upon appointment of the employee, the Acting Position Memorandum of Agreement, signed with the appointee's signature, should be sent to HRS. (HRS 211 Form I) Such appointments shall be limited to the time necessary to fill the vacancy or until the incumbent returns from leave. The appointment should not continue beyond one thousand forty (1,040) hours unless specifically extended by the DHR administrator.

#### ***05.01.05.02. Double Filling a Position***

An appointing authority may double fill a position for training purposes or to back-fill the position for an employee who is on short-term disability or extended leave of absence. This is to be on a short-term basis only. Written approval by the director is required.

#### ***05.01.05.03. Eligibility Registers***

An appointing authority shall contact HRS to request an eligibility register for the vacant position.

An appointing authority may schedule interviews with the top 10 names and anyone tied for tenth place on a register to schedule interviews. If, when calling for interviews, an applicant declines or cannot be contacted after a reasonable attempt (e.g., documented phone message, letter, at least two (2) calls at different times of day if no answer), the applicant should be coded appropriately and not counted in the top 10.

All hires must be made from the top 10 available names on the eligibility register within 60 days of the date of issue.

##### ***05.01.05.03.01. Removal from an Eligibility Register***

With proper justification (e.g., falsifying application), an appointing authority may request an applicant be removed from a register. Justification for the removal should be documented in writing and submitted to HRS.

##### ***05.01.05.03.02. Announcement to Create a Register***

When an adequate register needs to be developed, HRS shall request that DHR publish an announcement. The request should include: position title, position control number (PCN), location of the opening, if the announcement should be open competitive or department promotional; and the length of time announcement should remain open.

HRS shall work with IDOC subject matter experts to determine if there are any necessary changes to the classification specification, minimum qualifications, minimum qualification guidelines or examinations prior to announcement.

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Announcements are published and distributed by DHR to statewide job service offices and on the DHR website. HRS shall disseminate the relevant department announcements. Each division, facility or office shall post or make job announcements available to staff.

Announcements should include the following information: title of the class, characteristic duties and responsibilities, salary, minimum qualifications, nature of the examination, relative weights of the various portions of the examination, qualifying score, closing date, and other pertinent information. The announcement should also include instructions for application.

#### ***05.01.05.04. Layoff Register***

If a department layoff register exists for the vacant position, the appointing authority must hire from that register.

If a statewide layoff register exists for the vacant position, the appointing authority must interview those candidates for the opening.

#### ***05.01.05.05. Limited Service Appointments to Grant or Special-fund PCNs***

Limited service appointments are an appointment of a person to a classified, non-career position to which the person has become qualified by examination. These appointments are restricted to three (3) years duration and are generally used for grant or special-fund positions. Employees in limited service positions shall automatically convert to career employees with permanent status if employed under a limited service appointment longer than three (3) years.

Employees appointed to a limited service position shall sign a Limited Service Memorandum of Agreement (HRS 211 [Form A](#)) describing the non-career nature and duration of the appointment. This agreement shall be sent to HRS to forward to DHR.

#### ***05.01.05.06. Reinstatements***

An appointing authority may reinstate a current or former state employee to a class in which he held permanent status or to another class of an equal or lower pay grade. Reinstatement is a privilege, not a right. The employee must have separated from the class without prejudice and must meet the current minimum qualifications of the class as approved in advance through HRS. The employee shall be required to complete the drug screening process; the appointing authority must obtain the results prior to final selection. The employee may be required to pass an examination for the class.

Reinstatement can occur within a period of time equal to the length of the employee's probationary and permanent state employment, combined.

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The appointing authority may negotiate a probationary period. The Voluntary Probation Agreement (HRS 211 [Form J](#)) must be written and submitted in advance to HRS for obtaining DHR approval.

#### ***05.01.05.07. Temporary Appointments***

Individuals appointed to temporary positions should meet the minimum qualifications. Temporary appointments shall be limited to one thousand three hundred eighty-five (1,385) hours of work in any 12 month period for any one (1), state agency. Both calculations shall begin on the date of appointment.

Time served on temporary appointment does not count toward any probationary period. However, credited state service is received while on temporary appointment. For an employee to move from temporary status to probationary status, the employee must be eligible for reinstatement or complete the competitive recruitment process through DHR and score in the top 10 available names on an eligibility register.

Upon appointment, the appointing authority shall inform the employee in writing of the above information regarding the temporary appointment.

#### ***05.01.05.08. Transfers***

##### ***05.01.05.08.01. Intradepartmental transfers***

Employees may request transfers to classifications in which they hold permanent status; a different class in the same pay grade for which they meet minimum qualifications; or a lower pay grade for which they meet minimum qualifications.

Transfers are made at the discretion of the appointing authority.

A new probationary period may be negotiated with the employee as part of a voluntary transfer. The Voluntary Probation Agreement (HRS 211 [Form J](#)) must be written and submitted in advance to HRS for obtaining DHR approval.

Employees shall notify their current supervisor in writing upon acceptance of an offer to transfer to another division or facility within the IDOC. The appointing authority shall coordinate the effective date of the transfer with the employee's current supervisor.

An appointing authority may recommend or require transfers of permanent employees to different shifts or positions within the same classification or another classification in the same pay grade at any time in order to meet work requirements or for special personnel needs.



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#### ***05.01.05.08.02. Interdepartmental transfers***

An appointing authority may transfer a permanent employee from another state agency to an IDOC position in the same classification, other classification within the same pay grade, or lower pay grade, as long as the employee meets minimum qualifications for the new classification.

The appointing authority (or designee) may review the employee's personnel file maintained by the employing state agency prior to interviewing or hiring.

A new probationary period can be negotiated with the employee when the transfer is from one (1) appointing authority to another. The Voluntary Probation Agreement (HRS 211 [Form J](#)) must be written and submitted in advance to HRS for obtaining DHR approval.

#### ***05.01.05.09. Under Filling a Position***

An appointing authority (or designee) may under fill an authorized position with an employee in a lower pay grade to accommodate a training period when an adequate register cannot be created. The under fill and training plan must be approved in advance through HRS and DHR. Lengths of under fills are typically at least 12 months.

#### ***05.01.05.10. Voluntary Demotions***

An employee may request a voluntary demotion to a classification in a lower pay grade, if he meets the minimum qualifications as approved in advance through HRS.

A 'memorandum of agreement' indicating an employee is voluntarily demoting to another classification must be submitted to HRS with the hiring packet. The letter should include: employee name, position demoting to including PCN, effective date of demotion, pay grade, new hourly rate of pay, and the name of the HRS specialist who reviewed and approved the minimum qualifications.

An employee shall be voluntarily demoted when the position occupied by that employee is reclassified to a classification in a lower pay grade.

In lieu of layoff, an employee with permanent status may elect to demote to a lower classification, if minimum qualifications are met. An employee who elects a voluntary demotion in lieu of layoff shall be placed on a layoff register for one (1) year from the effective date of demotion.

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## **05.01.06.     *Employment Interview***

### **05.01.06.01.   *Job-Related Interview Questions***

An appointing authority shall develop a sufficient number of valid questions and desired responses in order to evaluate the qualifications of the applicants. There are two (2) elements involved in determining the validity of the interview questions: (1) Applicability of the questions to the position applied for; and (2) The legality of the questions within human resources oversight. The questions must be job-related and based on valid job requirements and related to the essential job functions. The same questions shall be asked of each applicant. Relevant follow-up questions may be asked in order to obtain sufficient information to evaluate job qualifications.

No questions which may lead an applicant to reveal a disability, medical condition or any protected class status (e.g., race, religion, national origin, or age) may be asked during a hiring interview or before a conditional offer of employment is made.

Each interview panel shall designate a panel foreman to coordinate prepared, interview questions with HRS.

### **05.01.06.02.   *Selecting the Interview Panel***

If an interview panel is used for the selection of a security employee, (i.e., Correctional Officer), the panel must be comprised of three (3) individuals, of whom two (2) shall be security employees (one of whom shall be a supervisor of at least one [1] individual who holds the same classification as that to be held by the successful candidate) and one of whom shall be a non-security employee. A panel shall consist of at least two (2) females and one (1) male, or two (2) males and one (1) female.

If an interview panel is used for the selection of any non-security employee, the panel must be comprised of three (3) individuals, of whom two (2) shall be employed in the same program or functional area as the person to be selected (one of whom shall be a supervisor of at least one [1] individual who holds the same classification as that to be held by the successful candidate), and one of whom shall hold a security position. A panel shall consist of at least two (2) females and one (1) male, or two (2) males and one (1) female.

### **05.01.06.03.   *Job Related Interview Form***

Each interview panel member shall document a candidate's responses on the Job-Related Interview Form. (HRS 211 Form C)

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### **05.01.07. Hiring**

#### **05.01.07.01. Selection Decisions**

The director delegates the hiring decision process to the department's senior leadership members consisting of the director, division chiefs and deputy chiefs. Senior leadership can further delegate hiring decisions to their wardens, managers and supervisors under their direct control, who, in turn, can further delegate, as needed and only by specific direction. Each work unit's senior manager is accountable overall for meeting all procedural compliance.

Hiring authorities, before offering the position, will secure written approval from their respective senior leadership member, including the name of the candidate, the position, the effective date of hire and the salary rate proposed and any other requirements needed in this procedure. Upon concurrence, a written conditional offer of employment can be offered to the candidate because fingerprint results require several weeks following the hire that may affect the suitability and acceptance of the candidate.

New hire salary rates will be in accordance with Department Policy 202, Compensation Plan. All salary rates recommended above the candidate's pay grade entry rate will require senior leadership review and concurrence.

Employment reference checks are strongly encouraged on each candidate and should be conducted and evaluated before offering the position.

#### **05.01.07.02. Conditional Offer of Employment**

The hiring authority upon obtaining senior leadership approval, including favorable knowledge results of the candidates Background Investigation Questionnaire, TESCOR, and employment references, can offer the position to the candidate upon the candidate's agreement to conditions listed in the Conditional Offer of Employment (HRS 211 [Form P1](#) or [Form P2](#), as applicable). The candidate will be informed the position is conditional upon the results of the pending background screening and senior leadership concurrence. The signed form will be included in the Personnel Action Request (PAR) packet for processing.

All non-selected candidates will be notified of their non-selection prior to announcing the selection within the IDOC.

#### **05.01.07.03. Salary**

Refer to Department Policy 202, Compensation Plan.

#### **05.01.07.04. Reasonable Accommodations**

Title I of the American with Disabilities Act of 1990 (the ADA) requires an employer to provide reasonable accommodations to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

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In general, an accommodation is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities.

Following the conditional offer of employment, the supervisor may ask questions regarding the ability of the individual to perform the essential functions of the job with or without reasonable accommodations. Any reasonable accommodations needed to perform the job are identified at this time and the information forwarded to HRS and the division chief (or designee). Refer to this policy, section 05.01.09.08., for Essential Job Functions Form requirements that shall be completed and returned to HRS with the hiring packet.

It is the obligation of the individual with a disability to advise the IDOC, after a conditional offer of employment, of the accommodation needed and to request that it be provided. The IDOC is not required to accommodate disabilities of which there is no knowledge. Some reasonable accommodations include, but are not limited to: making facilities used by employees readily accessible; restructuring of the position; acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials or policies; and the provision of qualified readers or interpreter. A reasonable accommodation does not require the elimination of essential job functions. Thus, an individual with a disability who cannot, with reasonable accommodation, perform essential job duties is not a qualified individual with a disability to protection under the act.

Current employees who experience a change in their life structure requiring accommodations are also covered under these provisions and should notify their supervisor of the change and accommodation need.

Supervisors who receive a notice of accommodation should consult with their division chief (or designee) and HRS before finalizing any plan or accommodation.

#### ***05.01.07.05. Background Investigation Questionnaire (BIQ)***

The appointing authority should have the candidates complete and sign the BIQ (HRS 211 Form D) at the time of final interview for employment. The appointing authority shall inform each final candidate that all items on the BIQ must be fully completed and no information is to be left out. If the BIQ form is partially completed, an offer of employment may not be made. The BIQ must be approved prior to making a conditional offer of employment.

#### ***05.01.07.06. Fingerprinting***

All newly hired temporary and permanent employees with IDOC, private contractor employees, private contractor subcontractors employees, and all volunteers shall be fingerprinted, with the exception of the following: Employees of contract services and volunteers who are on a short-term assignment of 30 days or less need not be fingerprinted if they will be escorted by an IDOC employee on premises at all times,

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and/or will not have any access to criminal information or inmates. (i.e., a maintenance contractor who was hired to clean an office for one [1] week.) Any exceptions must be approved in advance by the director (or designee).

Valid fingerprinting cards must be obtained from HRS, which are pre-printed with the originating agency identifier (ORI) number. Contact HRS to verify the ORI number when necessary.

Fingerprinting shall be completed at each work location or by a local law enforcement agency. Valid IDOC, pre-printed, ORI fingerprint cards must be used. A valid state or federal issued photo identification card (ID) must be presented at time of fingerprinting.

Employees shall be fingerprinted at the time the background questionnaire is submitted. Employees shall be reminded that offers of employment are conditional pending fingerprint results and background approval.

Two (2) fingerprint cards shall be completed on each applicant.

For a security position, in the 'reason fingerprinted' block, enter 'police applicant'.

For all other positions, in the 'reason fingerprinted' block, enter 'criminal justice'.

#### **05.01.07.06.01 Private Prisons**

The IDOC shall perform background checks on all potential or current contractor employees, volunteers and subcontractor employees that will be working within private prison facilities.

The IDOC will charge a twenty-five dollar (\$25) processing fee for each background check. The contractor will be notified 30 days prior to any fee increase taking effect.

New employees contractors, and volunteers operating at the private prisons shall complete one (1) fingerprint card for each applicant. The, 'reason fingerprinted' block for employees and subcontractors shall state, 'privatization contract employee'. For volunteers the, 'reason fingerprinted' block will state, 'privatization contract employee-volunteer'.

In the block designated, 'OCA number', the assigned originating case agency number (located on HRS 211 Form K) will be entered.

All fingerprint cards shall be returned to HRS. HRS shall maintain records of all cards and shall ensure that a copy of the cards are delivered to the Bureau of Criminal Identification (BCI). The BCI then forwards the cards to the Federal Bureau of Investigation (FBI) for the processing of a national criminal background check.

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Upon receiving the fingerprint results HRS shall notify the division chief (or designee) of any criminal information not previously discovered.

If any criminal information issue is identified during the fingerprint check, the procedure listed under this policy, section 05.01.08, shall be followed. Documentation received from BCI and FBI shall be maintained in the employee's background packet at HRS for a period consisting of the current year and two (2) additional years.

\*The IDOC shall not release any information discovered during the background investigation to the applicant, outside agencies, or other non-IDOC individuals. Releasing this information is a violation of federal regulations and IDOC policy.

\*If you do receive a request for information, please direct the applicant's inquiry to the FBI. (HRS 211 Form L, Criminal History Requests)

#### ***05.01.07.07. Pre-Employment Drug Screening***

All selected applicants for initial appointment or reinstatement to an IDOC position shall complete pre-employment drug screening. The drug screen will be completed during the examination or interview process.

Refer to Department Policy 228, Drug-free Workplace.

#### ***05.01.07.08. Criminal Records Check***

Verification of the information provided by the applicant in the BIQ is the responsibility of the appointing authority and shall be completed before the applicant has been given a conditional offer of employment.

The appointing authority shall have an authorized ILETS operator complete a criminal records check for all selected applicants by following the instructions on HRS 211 Form M (Conducting NCIC Checks for BIQ).

An authorized operator shall run the records check, complete, sign, and date HRS 211 Form H (Request for Criminal Records Check). The operator shall return the BIQ with query printouts to the appointing authority.

The appointing authority then reviews the entire BIQ to determine suitability of the applicant. If there is no detrimental information discovered during the background check, follow standard procedures for hiring the individual. Return the BIQ and query printouts attached to the PAR with the hiring packet to HRS for quality control and retention.

Other than minor traffic infractions, any questionable information obtained through the criminal records check shall be communicated to the appointing authority for review.

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The appointing authority shall examine any documentary evidence provided and will evaluate if the applicant meets the hiring criteria as outlined in this policy and the following:

001. The relationship of the crime to the position being sought;
002. The nature and seriousness of the crime for which convicted;
003. All circumstances relative to the crime, including mitigating circumstances or social conditions surrounding the commission of the crime;
004. The age of the person at the time the crime was committed;
005. The length of time elapsed since the crime were committed; and
006. All other competent evidence of rehabilitation and present fitness presented, including, but not limited to, letters of reference by persons who have been in contact with the applicant since the applicant's release from any criminal justice agency.

#### **05.01.08. Hiring Restrictions**

Selected applicants with felony, misdemeanor, or motor vehicle arrest or conviction records may not be hired without authorization, as stated in this policy. An applicant with a pending felony charge shall not be hired.

Current offenders: Individuals currently under any public law enforcement jurisdiction shall not be appointed to any classified or non-classified position within the IDOC.

Ex-offenders: An ex-offender must have been discharged from probation or parole supervision for at least one (1) year or have received a final release at least one (1) year prior to appointment. The hiring of any ex-offender must have authorization as stated in this policy by the affected division chief (or designee).

Individuals with violent crimes or crimes against other individuals shall not be eligible for employment in positions that have daily or regular contact with offenders unless specifically approved in writing by the director (or designee).

Individuals who have been convicted of multiple misdemeanors, which establishes a pattern of disregard for the law; shall have authorization by the division chief (or designee) as stated in this policy.

A final disposition is required for any charge/arrest.

A withheld judgment or a plea of "nolo contendere" shall be considered a conviction.

The hiring of an applicant with a pending misdemeanor charge must be approved in advance by the effected division chief (or designee).

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The hiring of any individual with a felony, misdemeanor, or motor vehicle violation record (other than minor traffic violations) must be approved in advance by the effected division chief (or designee).

The appointing authority shall inquire and follow up on the following circumstances involving selected applicants: other than honorable or medical military discharges; applicants who have had a professional license or certification revoked; applicants who have been disciplined by a professional licensing or certification board.

When considering all available information and the appointing authority decides the applicant does not meet the standards expected of an employee of the IDOC, the appointing authority shall complete HRS 211 Form H (Request for Criminal Records Check) as such and forward the package to HRS for quality control review and retention. Reasons for rejecting or dismissing individuals must be documented and consistent with IDOC restrictions.

If the appointing authority determines the individual does meet the standards for employment with IDOC, the appointing authority shall submit a written request and Hire by Exception Justification (HRS 211 [Form G](#)) for continuing the employment of the individual with a felony, misdemeanor or motor vehicle violation record (other than minor traffic violations). The justification packet shall be submitted to the effected division chief (or designee) for approval.

The division chief (or designee) shall review the information and make a determination as to the suitability of the individual for continued employment with the IDOC. If the division chief (or designee) determines that the individual does not meet the standards for employment he shall notify the appointing authority of his decision not to approve the waiver, complete HRS 211 [Form G](#) and return the packet to the appointing authority. The appointing authority shall notify the employee that the IDOC is withdrawing the offer of employment based on the results of the background investigation and return the packet to HRS for quality control review and retention.

In the case of a misdemeanor or motor vehicle violation, if the division chief (or designee) determines the individual meets the standards for continued employment he shall sign HRS 211 [Form G](#) and return the packet to the appointing authority for processing. In the case of a felony, the division chief (or designee) shall forward the package to the director (or designee) for final authorization.

The director (or designee) shall have the final approval or disapproval authority for employment of an individual with a felony. The director (or designee) shall sign HRS 211 [Form G](#) and notify the division chief (or designee) and the appointing authority of the final decision. The appointing authority shall notify the individual of the director (or designee's) decision to terminate the employment or to continue employment with the IDOC and process the appropriate documents.



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The original completed BIQ form for the individual shall be forwarded to HRS for quality control review and retention once final authorization is obtained. All background investigation forms and reports shall be kept on file at HRS only.

***05.01.08.01. Relatives under Jurisdiction of the Department Of Correction***

All applicants who have a relative (spouse, child, parent, brother, sister, grandparent, aunt, uncle, niece, nephew, first cousin or the same relation by marriage, including common law, fiancé, fiancée, or significant other), under the custody of IDOC must have the appointment approved by the effected division chief (or designee) and director (or designee).

It is the responsibility of the appointing authority to ascertain if the applicant has a relative under the supervision of the department.

The appointing authority shall consider the following information when making the decision to continue the employment with a newly hired employee that has a relative or relatives in the system:

001. The impact or possible impact to the safe and orderly operations of the institution.
002. The safety of the inmate.
003. The nature of the relationship.

If the appointing authority determines that there is no conflict of interest with continuing the employment of the new hire, he shall forward the information package to the effected division chief (or designee) for review. If the division chief (or designee) concurs with the decision to continue the employment, the division chief (or designee) shall forward the package to the director (or designee) for final review and approval/disapproval.

The director (or designee) shall have the final approval or disapproval authority for employment of an individual with a relative in the system. The director (or designee) shall sign HRS 211 [Form G](#) and notify the division chief (or designee) and the appointing authority of the final decision. The appointing authority shall notify the individual of the director (or designee's) decision to terminate the employment or to continue employment with the IDOC and have the employee sign a Relative, Friend, Acquaintance, Etc. Agreement (HRS 211 Form O). The completed form is then forwarded to HRS for quality control review and retention.

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### ***05.01.08.02. False Statements***

False statements or any misrepresentation in application forms, including the background investigation questionnaire or hiring interviews will be grounds for withdrawing a conditional offer of employment.

### ***05.01.08.03. Failure to Meet Hiring Standards***

If information gathered from the background investigation screening or fingerprint results substantiates that the employee's background is unacceptable, the employee shall be asked to resign in accordance with the conditional offer of employment. If the employee does not resign, the conditional offer of employment is withdrawn.

Contractors, interns, or volunteers with backgrounds that do not meet the employment standards shall not be allowed to provide services on IDOC property.

### ***05.01.09. Hiring Packet***

The Hiring Packet should include with enclosures checked off for the following:

Personnel Action Request	(HRS 211 <a href="#">Form E</a> )
Personnel Action Request (PAR) Instructions	(HRS 211 <a href="#">Form F</a> )
Coded Register	
Job-Related Interview Form	(HRS 211 <a href="#">Form C</a> )
Informed Consent Form	
Conditional Offer of Employment	(HRS 211 <a href="#">Form P1</a> or <a href="#">P2</a> )
Background Investigation Questionnaire (BIQ)	(HRS 211 <a href="#">Form D</a> )
Fingerprint Cards	
Essential Job Functions Form	(HRS 211 <a href="#">Form B</a> )
Fiscal Impact Statement and Hire by Exception Justification	(HRS 211 <a href="#">Form G</a> )
Limited Service Memorandum of Agreement	(HRS 211 <a href="#">Form A</a> )
Request for Criminal Records Check	(HRS 211 <a href="#">Form H</a> )
Voluntary Probation Agreement	(HRS 211 <a href="#">Form J</a> )
Relative, Friend, Acquaintance, Etc. Agreement	(HRS 211 <a href="#">Form O</a> )
I-9 Citizenship Form and Documents	
Benefit Enrollment Forms	

#### ***05.01.09.01. Personnel Action Request (PAR)***

The PAR (HRS 211 [Form E](#)) must be completed for hiring a new employee. The PAR must be completed for any employment status change for a current employee, including: resignation; termination; transfer; and, merit increases or bonuses, with appropriate documentation. The complete PAR must be submitted to HRS. HRS should receive the PAR seven (7) days **prior** to the beginning of the pay period in which the action is effective.

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For instructions on completing the PAR refer to HRS 211 Form F, Personnel Action Request (PAR) Instructions.

***05.01.09.02. Coded Register***

Refer to this policy, section 05.01.05.03.

***05.01.09.03. Job-Related Interview Form***

Refer to this policy, section 05.01.06.

***05.01.09.04. Informed Consent Form***

Selected applicants must sign an Informed Consent Form prior to completing the drug screening process. The appointing authority shall ensure that the Informed Consent Form is signed and drug screening is completed for all selected applicants for initial appointment or reinstatement. The appointing authority must obtain screening results from HRS prior to final selection.

Refer to Department Policy 228, Drug-free Workplace.

***05.01.09.05. Conditional Offer of Employment***

Refer to this policy, section 05.01.07.02.

***05.01.09.06. Background Investigation Questionnaire (BIQ)***

Refer to this policy, section 05.01.07.05.

***05.01.09.07. Fingerprint Cards***

Refer to this policy, section 05.01.07.06.

***05.01.09.08. Essential Job Functions Form***

The appointing authority shall identify and document on the Essential Job Functions Form (HRS 211 Form B) the fundamental job duties of the position. The IDOC requires that essential functions of the job be recognized so that no qualified individual with a disability is discriminated against. The appointing authority shall document the essential functions of the job on the form HRS 211 Form B (Essential Job Functions Form), before advertising and interviewing candidates for the position.

Job functions are considered essential for reasons including, but not limited to: the reason the position exists is to perform that function; the limited number of employees available to whom the performance of that job function can be distributed; and the function is highly specialized so that the incumbent in the position is hired for his

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expertise or ability to perform the particular function. Contact HRS for assistance and ensure compliance of this federal law and policy. Refer to this policy, section 05.01.07.04.

The appointing authority shall complete all blocks, date, and sign the form (or initial and date if no changes) and forward the Essential Job Functions Form (HRS 211 Form B) to HRS with the hiring packet.

#### ***05.01.09.09. Fiscal Impact Statement***

The Fiscal Impact Statement (HRS 211 [Form G](#)) shall be completed by an appointing authority for each new appointment. The computations on this form change each fiscal year. Ensure that the current fiscal year form is the one completed. Contact the Fiscal Unit or HRS to determine the fiscal year or to obtain the current form.

#### ***05.01.09.10. Request for Criminal Records Check***

Follow the procedures listed on HRS 211 Form M (Conducting NCIC Checks for BIQ), and ensure Form H (Request for Criminal Records Check) is fully completed by the appointing authority. Incomplete applicant information or failure to include all mandatory documents will prohibit the completion of a criminal records check.

#### ***05.01.09.11. Voluntary Probation Memorandum of Agreement***

Refer to this policy, section 05.01.05.06., for an employee that is being reinstated to a class in which he held permanent status or to another class of equal or lower pay grade.

Refer to this policy, section 05.01.05.08, for an employee that is transferring within the IDOC or from another state agency.

#### ***05.01.09.12. Relatives in the System Agreement***

Refer to this policy, section 05.01.08.01., for employees who have received authorization for continued employment based on having a relative under the custody of IDOC.

#### ***05.01.09.13. I-9 Citizenship Form and Documents***

The appointing authority shall inform the individual at time of conditional offer of employment of the need to produce appropriate citizenship identification. The appropriate documentation is listed on the I-9 form. The appointing authority must photocopy the identification and submit with the I-9 form.

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#### ***05.01.09.14. Benefit Enrollment Forms***

The Benefit Enrollment Forms contained in the new employee packet shall be completed as soon as possible following the hire. The appointing authority should assist the employee in completing the information in the new employee packet. Packets are available from HRS. Completed benefit forms and FMLA and policy receipt forms shall be submitted to HRS.

#### ***05.01.10. Hiring Packet Approval Process***

The hiring packet shall be forwarded to HRS with all forms included and accounted for on the PAR (HRS 211 [Form E](#)) at least seven (7) days prior to the effective hire date. The effective hire date shall be the first day of a future pay period. In emergency or special situations, the appointing authority should contact HRS to make necessary arrangements. The HRS designee will log in the hiring packet, ensure it is complete, and has all required approval signatures.

If the packet is incomplete, it shall be returned to the effected division chief (or designee) for completion. The effective hire date may be affected.

If the hire is not approved, HRS shall notify the division chief (or designee) and/or the appointing authority with the reason that the hire was not approved.

### **05.02.00. PROBATIONARY PROCEDURE**

#### ***05.02.01. Probationary Periods***

##### ***05.02.01.01. Entrance Probationary Period***

Each new employee hired into a classified position in state government shall have a one thousand forty (1,040) hour probationary period or two thousand eighty (2,080) hours for deputy chief, CWC manager, correctional captain, correctional corporal, correctional lieutenant, correctional officer, correctional sergeant, correctional food service officer, correctional food service supervisor, pre-sentence investigator, pre-sentence investigator supervisor, probation and parole district manager, probation and parole officer, probation and parole section supervisor, and deputy warden.

##### ***05.02.01.02. Promotional Probationary Period***

Upon promotion, the employee shall serve a one thousand forty (1,040) or two thousand eighty (2,080) hour promotional probationary period.

If a classified, permanent employee is appointed to a position in an acting capacity, time served immediately preceding shall count toward the promotional period provided the employee is hired from the top 10 available on an eligibility register. Should the

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employee be returned to their former classification and subsequently be promoted, the acting position hours are not counted towards the promotional probationary period.

Employees on promotional probation shall have continued permanent status in the class from which promoted until they are certified as having satisfactorily completed the promotional probation period in the higher class.

#### ***05.02.01.03. Voluntary Probationary Period for Transfers or Reinstatements***

The appointing authority and employee may negotiate a probationary period not to exceed one thousand forty (1,040) hours upon reinstatement or voluntary transfer between appointing authorities or state agencies. The Voluntary Probation Agreement (HRS 211 [Form J](#)) must be in writing and submitted in advance to HRS for obtaining DHR approval.

#### ***05.02.02. Purpose of the Probationary Period***

The probationary period serves as a working test period to provide the IDOC an opportunity to evaluate a probationary employee's work performance and suitability for the position.

During this probationary period, the supervisor shall meet with the employee to outline job duties and expectations and discuss employee performance. This should occur at least three (3) times during the probationary period: beginning, midpoint, and end.

Refer to Department Policy 222, Performance Management, for guidelines on formal and written evaluations.

#### ***05.02.03. Satisfactory Service***

When a probationary employee has satisfactorily served the probationary period, the appointing authority shall provide the employee and HRS a performance evaluation indicating satisfactory performance. The performance evaluation shall be completed no later than 30 calendar days after the expiration of the probationary period. The evaluation shall be forwarded by HRS to DHR to certify the employee to permanent status.

#### ***05.02.04. Automatic Certification to Permanent Status***

If the appointing authority fails to provide a performance evaluation within 30 calendar days following the expiration of the probationary period, the employee shall be considered to have satisfactorily completed the probationary period. The employee shall be certified to permanent status unless the probationary period has been extended.

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#### ***05.02.05. Extension of Probationary Period***

If a probationary employee is not meeting expectations satisfactorily, the appointing authority must meet with the employee to discuss performance. If good cause exists, an appointing authority may discuss an extension of the probationary period not to exceed one thousand forty (1,040) hours. The supervisor shall document the performance issues and work with the employee to outline an action plan and goals for the extended probationary period.

At least 30 calendar days prior to the employee reaching his probationary hours, one thousand forty (1,040) or two thousand eighty (2,080), the appointing authority shall submit written documentation of the performance issues and the training plan to HRS requesting to extend probation. HRS shall forward the documentation to the DHR administrator who must approve the probation extension. The appointing authority shall be notified by HRS of the results of the request.

#### ***05.02.06. Unsatisfactory Completion of Probation***

##### ***05.02.06.01. Entry and Voluntary Probation***

An employee who fails to serve satisfactorily during the entrance or voluntary probation period shall first be given the opportunity in writing to resign without prejudice. An employee who fails to resign may be dismissed without cause assigned and without the right to file for problem solving or appeal. The appointing authority shall provide the employee and HRS with a performance evaluation or information identifying the cause for unsatisfactory completion no later than the expiration of the probationary period. The division chief (or designee) must approve the failure to complete prior to notification to the employee of the dismissal.

Fifteen (15) calendar days advance notice of termination for unsatisfactory service shall be given to the employee in writing. The employee may be placed on administrative leave with pay until the expiration date, unless there are extenuating circumstances. The director (or designee's) approval is not necessary for the administrative leave.

##### ***05.02.06.02. Promotional Probation***

If an employee fails to render satisfactory performance in a promotional position, the decision not to grant permanent status shall be made prior to the time the employee's completion of the one thousand forty (1,040) or two thousand eighty (2,080) hours of probation. The employee shall be returned to the lower classification in which the employee held permanent status with the salary reduced by the amount of the promotional increase.

A performance evaluation and a letter notifying the employee of failure to satisfactorily complete probation shall be completed and provided to the employee. The division chief

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(or designee) must approve the failure to complete prior to the employee being notified of the return to the lower classification. The letter shall indicate that the employee shall be returned to a position similar to the one in which permanent status was held. A copy of the letter shall be forwarded to HRS for retention.

An appointing authority shall be notified of the failure to complete promotional probation and should attempt to place the employee in a comparable position in which the person held permanent status. If no such position is available within the division/facility, the appointing authority shall contact other appointing authorities to find a position for the employee. When a position is located, the employee shall be notified in writing of the position and anticipated date of transfer. Contact HRS for any needed assistance.

If the employee refuses to accept the position, it shall be considered a voluntary resignation from service with the IDOC.

\_\_\_\_\_  
Director, Department of Correction

\_\_\_\_\_  
Date



# DEPARTMENT OF CORRECTION

## ESSENTIAL JOB FUNCTIONS FORM

Position Title: \_\_\_\_\_ PCN: \_\_\_\_\_

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Identify the job functions that are essential. Without the performance of these tasks the job could not be done.

Essential Job Functions	What physical requirements are involved?	List any equipment / tools that must be operated.	What working environment/condition is an essential part of the job?

**DEPARTMENT OF CORRECTION**  
**JOB-RELATED INTERVIEW FORM**

NAME OF APPLICANT \_\_\_\_\_ ADDRESS AND/OR PHONE NO. \_\_\_\_\_

JOB OPENING \_\_\_\_\_ DIVISION/UNIT \_\_\_\_\_

INTERVIEWER(S) \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_

QUESTION NUMBER	RESPONSE OF APPLICANT	EVALUATION OF APPLICANT RESPONSE TO QUESTION
1		
2		
3		
4		
5		



IDAHO DEPARTMENT OF CORRECTION

# BACKGROUND INVESTIGATION QUESTIONNAIRE

## INSTRUCTIONS

### PURPOSE

As a law enforcement agency, the Idaho Dept of Correction (IDOC) screens all applicants for suitability to the position requested and conducts a criminal background check prior to an offer of employment.

Your completion of this Background Investigation Questionnaires (BIQ) form is required to conduct this screening and to obtain sufficient information to conduct the criminal background check. This applies to:

- All applicants for any position in the Dept of Correction – full time, part-time, or temporary;
- All staff employed by private contractors or vendors that performs work at, or frequents the IDOC facilities, including private employment agency staff, and private prison (ICC) security applicants;
- Certain visitors or volunteers that frequent IDOC facilities on a continuing basis;
- POST Academy attendees (Correctional Officer, Food Service Officer or Probation & Parole Officer including selected treatment staff); and
- All POST Academy graduates applying for certification or IDOC staff challenging for certification.

### CONFIDENTIALITY

The information you provide is confidential to the extent of what the law allows. The IDOC will only share this information on a need-to-know basis with your appointing authority, IDOC division chiefs, POST, and/or authorized agents of the IDOC. Upon your selection, this questionnaire and other information gathered during the background investigation will be placed in your personnel file in a confidential section. Access is restricted according to IDOC policy provisions governing personnel records. For non-selected applicants, this background form is temporarily retained for 30 days and then destroyed. Should you re-apply for any position after 30 days, a new BIQ form will be required.

### IMPORTANT INFORMATION TO COMPLETE THIS FORM

This background questionnaire must be completed in full. Do not leave any questions blank. Please **print** legibly. Answer each question. Write "N/A" if the question does not apply to you. Your answers must be **accurate, complete, and detailed**; otherwise you may be disqualified from employment. Write on the backside of this form if there is insufficient space. Answering honestly is to your advantage. We do employ individuals with a less than a perfect past, but we need to know what that past is and its potential impact to the department should you be hired. Past illegal drug use, criminal convictions, or other legal sanctions may or may not disqualify you from employment consideration. However, any purposely made discrepancies, misstatements, omissions and/or falsifications will disqualify you from employment consideration, or may result in your dismissal from employment with IDOC.

A FBI criminal record investigation will be conducted on all new applicants including fingerprinting.

You may be asked to begin employment prior to the results of the background investigation and fingerprinting. Continued employment depends on the successful completion of this investigation. If any information is discovered that disqualifies you from continued employment, you will be asked to resign immediately from IDOC employment.

**QUESTIONS?** Please contact the IDOC's Human Resource Services at (208) 658-2023.

IDAHO DEPARTMENT OF CORRECTION  
**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for employment with the Idaho Department of Correction (IDOC), I understand that I am providing personal and employment history information to determine my qualifications and suitability for employment with the IDOC, or for enrolling in the Idaho Peace Officer Standards and Training (POST) Academy, if requested.

I understand that I am voluntarily providing personal information such as my name, race, height, weight, gender, date of birth, place of birth, driver's license number, and social security number to assist in conducting a criminal background check. By not providing the required information, I am voluntarily suspending, terminating, or forfeiting my opportunity for employment.

I hereby authorize any representative of the IDOC or POST academy agent bearing this release, or copy of this release, within one (1) year of its date, to obtain any or all records and information concerning myself regardless of whether the records and information are of a confidential nature. The release of files/records and information may include, but are not limited to, arrest records, training files, criminal files, employment records, personnel files, disciplinary records and/or performance evaluations.

I understand that any information obtained in a personal and employment history background investigation will be considered in determining my qualifications and suitability for employment with IDOC. I also understand that any person, partnership, association, organization, or government agency, including their employees who provide information concerning me, will not be liable for providing accurate records or information.

Therefore, I release all persons and parties from all claims, damages, and liabilities that may result from providing the information requested by an authorized agent from IDOC.

***Applicant/Employee:***

Print full name: \_\_\_\_\_

Sign full name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Current Residence Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness – Full Name & Signature \_\_\_\_\_



## IDAHO DEPARTMENT OF CORRECTION

**BACKGROUND INVESTIGATION QUESTIONNAIRE**

Please read and answer all questions below. Please print. Be accurate and complete.  
All answers are subject to verification. Use **black** or **blue** ink.

<b>POSITION APPLYING FOR:</b>				<b>DATE:</b>	
<b>Personal Information</b>				<i>IDOC USE ONLY</i> POST PACKET REQ'd    Yes   No POST MEDICAL REQ'd    Yes   No	
<b>Please PRINT or TYPE your full legal name:</b>					
Last		First		Middle	
Primary E-mail Address			Secondary E-mail Address		
<b>List OTHER names: ie; nicknames, and when applicable, maiden name that you are using or have used or been known by in the past. Also, please list the time periods that the names were used:</b>					
OTHER NAME(s) USED (Last, First, Middle name)    Nicknames, AKA's,    Maiden Name (if applicable)				From Mo./Yr.	To Mo./Yr.
1.					
2.					
3.					
List your CURRENT home address:					
Address			City	State	Zip Code
Please list to the right, your home phone number and an alternate number for messages.		Home: (    )		Message: (    ) <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Other	
List your mailing address or other point of contact if it is different from your home address:					
Mailing Address			City	State	Zip Code
Please answer the following questions regarding your citizenship:					
Yes   No <input type="checkbox"/> <input type="checkbox"/> Are you a citizen of the United States? If NO, answer the next questions. Yes   No <input type="checkbox"/> <input type="checkbox"/> Are you a permanent resident alien who is eligible for and has applied for citizenship? Yes   No <input type="checkbox"/> <input type="checkbox"/> Have you obtained permission from INS (Immigration and Nationalization Service) to work in the United States?					
<b>The personal information you provide below is required for verification in conducting the criminal background check:</b>					
Date of Birth		Place of Birth		Social Security Number	
Mo.	Day	Year	City	State	Current Driver's License Number and State of Issuance
					DL#
					State
Height		Weight		Hair Color	Eye Color
Gender		Race (Check Below)			
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please Define):			

## Former Residences – Last 10 Years

Please list your residences for the past 10 years. Begin with your current residence and list backward in chronological order. There should not be any gaps in residency dates. If necessary, use the back of this page.

Address	City	State	From Mo./Yr.	To Mo./Yr.

## Education

- ☐ I completed high school. (POST attendees will need to provide a copy of their HS certificate.)  
☐ I did not complete high school.  
☐ I passed the G.E.D. (General Educational Development) test: \_\_\_\_\_

Mo./Yr. Obtained City/State Obtained

Beginning with high school, list below all the higher education schools that you have attended:

Name of School	Location of School (City and State)	From Mo./Yr.	To Mo./Yr.	Major	Credits Earned	Degree Earned

## Training

Please list below other formal "training" courses that you have completed and/or vocational schools that you have attended. Examples are: accounting, auto body repair, bookkeeping, business, computer programming, corrections, criminal justice, deviant behavior, drug/alcohol counseling, law enforcement, photography, POST, social services, software programming, etc.

Name of School/Training/Course	Location of School/Training (City and State)	From Mo./Yr.	To Mo./Yr.

## Qualifications

In your opinion, what training, education, and/or experience qualify you for employment with IDOC? Please summarize below:


## Licensing/Certification

Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you currently hold, or have you ever possessed a professional license or certification?		
Name of License or Certification	State of Issuance	Date Issued	Date Expired
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a professional licensing or certification board ever disciplined you, or have you had your license or certification revoked?		
Date Revoked	If revoked, please explain the reason for revocation		

## Military

Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you actively served in the <b>regular</b> or <b>full-time</b> Armed Forces of the United States? (excluding Active Duty for Training - ADT)			
Branch of Service	Date of Entry	Date of Discharge	Type of Discharge	Rank, Grade, or Rate
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently a member of the <b>Reserves</b> or <b>National Guard</b> ?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you previously been a member of the <b>Reserves</b> or <b>National Guard</b> ?			
<b>NG/Reserve Branch</b>				
<input type="checkbox"/> I am still an active member of the Reserves or the National Guard. <input type="checkbox"/> I am currently discharged from the National Guard or Reserves. <input type="checkbox"/> I am retired from the National Guard or Reserves.				
If currently active, list your unit and location				

## Employment History – 10 Years

Beginning with your most recent employment, chronologically list your past **10 years** of employment. List all periods of time you were unemployed (mark the box) and state what you were doing during that time. You must account for all time during the past 10 years.

PERSONAL REASONS for leaving employment requires your explanation and specific reasons. Please list in the Reason for Leaving box. Please use the back of this page should you require more space.

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			( )

☐ Full-time  
 ☐ Part-time  
 ☐ Volunteer  
 ☐ Seasonal  
 ☐ Unemployed  
 ☐ Student  
☐ Military  
☐ Other

Job Title:	Job Duties:
------------	-------------

Supervisor's Name:	Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:
--------------------	--

Reason for Leaving:
---------------------

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			( )

☐ Full-time  
 ☐ Part-time  
 ☐ Volunteer  
 ☐ Seasonal  
 ☐ Unemployed  
☐ Military  
☐ Student  
☐ Other

Job Title:	Job Duties:
------------	-------------

Supervisor's Name:	Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:
--------------------	--

Reason for Leaving:
---------------------

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			( )

☐ Full-time  
 ☐ Part-time  
 ☐ Volunteer  
 ☐ Seasonal  
 ☐ Unemployed  
☐ Military  
☐ Student  
☐ Other

Job Title:	Job Duties
------------	------------

Supervisor's Name:	Yes No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:
--------------------	--

Reason for Leaving:
---------------------



Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			(     )
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		Yes   No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:		
Reason for Leaving:				

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			(     )
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		Yes   No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:		
Reason for Leaving:				

Dates of Employment		Business Name	Business Address	Telephone Number
From Mo./Yr.	To Mo./Yr.			(     )
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		Yes   No <input type="checkbox"/> <input type="checkbox"/> Can we contact your employer? If "no," please explain:		
Reason for Leaving:				

Use the reverse side of this form if needing more space.

## Terminations

Yes No		
<input type="checkbox"/> <input type="checkbox"/> Have you ever been terminated or fired from employment?		
If you answered <b>"yes"</b> to the question above, please provide an explanation below:		
Mo./Yr.	Name of Employer	Please provide a detailed explanation regarding the termination:

## Law Enforcement Employment

Yes No				
<input type="checkbox"/> <input type="checkbox"/> Have you been previously employed with the Idaho Department of Correction?				
Yes No				
<input type="checkbox"/> <input type="checkbox"/> Have you been employed by another law enforcement agency (corrections, police, sheriff, etc.)?				
If you answered <b>"yes"</b> to any of the questions above, please complete the requested information below:				
Job Title	Employer	Address	From Mo./Yr.	To Mo./Yr.

## Illegal Drug Usage

Yes No			
<input type="checkbox"/> <input type="checkbox"/> Have you ever tried and/or experimented with any type of an illegal drug or narcotic?			
Yes No			
<input type="checkbox"/> <input type="checkbox"/> Have you ever bought, sold, or otherwise distributed an illegal drug or narcotic?			
Yes No			
<input type="checkbox"/> <input type="checkbox"/> Do you currently use any illegal drugs, narcotics, or pills that are prohibited by the Uniform Controlled Substances Act?			
<b>Yes answers</b> need to be explained below. Indicate type and explain in the next section.			
Indicate below with an "X" to all of the drugs that you have experimented with, tried, or are currently using from the below list. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling or injecting.			
<input type="checkbox"/> Acid	<input type="checkbox"/> Crystal	<input type="checkbox"/> Mescaline	<input type="checkbox"/> Steroids
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Downers	<input type="checkbox"/> Methamphetamin	<input type="checkbox"/> Uppers
<input type="checkbox"/> Angel Dust	<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Whites
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Glue	<input type="checkbox"/> Opium	<input type="checkbox"/> OTHER(S) list below:
<input type="checkbox"/> Bennies	<input type="checkbox"/> Hashish	<input type="checkbox"/> PCP	<input type="checkbox"/>
<input type="checkbox"/> Black Beauties	<input type="checkbox"/> Hashish Oil	<input type="checkbox"/> Peyote	<input type="checkbox"/>
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Reds	<input type="checkbox"/>
<input type="checkbox"/> Crack	<input type="checkbox"/> Ice	<input type="checkbox"/> Rock	<input type="checkbox"/>
<input type="checkbox"/> Crank	<input type="checkbox"/> LSD	<input type="checkbox"/> Shrooms	<input type="checkbox"/>
<input type="checkbox"/> Cross tops	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Speed	<input type="checkbox"/>

Illegal substances marked above need to be explained below. Use the backside if more space is needed.				
Type of Drug or Narcotic	First Used Mo./Yr.	Last Used Mo./Yr.	Total # of Times Used in Lifetime:	Brief Explanation: Please include if you <b>used, bought, or sold</b> the drug or narcotic.

## Arrests/Convictions

REMINDER: If you fail to list all your criminal matters, you risk disqualification

**CRIMINAL HISTORY: Please Read** A criminal record in itself does not necessarily disqualify you from employment. However, omitting or falsifying information is reason for disqualification or termination once employed. You **MUST** list all charges, convictions, and dispositions regardless of when they occurred or even if you were told they are expunged or were dismissed. Include any court appearances, misdemeanors, and expunged or dismissed records. Include ALL encounters involving DUIs, domestic violence, or use of weapons.

### FELONY OFFENSES

Yes No

☐ ☐ Have you ever been arrested, cited, held, detained, or charged by federal, state or other law enforcement authorities of a **FELONY** offense regardless of whether the charge was dropped, dismissed, plea bargained, or you were found not guilty?

Yes No

☐ ☐ Have you ever been **convicted** of a crime that is a **FELONY** under the laws of the State of Idaho, United States, or other states and/or countries?

### MISDEMEANOR OFFENSE

Yes No

☐ ☐ Have you ever been arrested, cited, held, detained, or charged by any law enforcement authority of a **MISDEMEANOR** offense, even if the charge was dropped, dismissed, plea bargained, or you were found not guilty? This includes DUIs, domestic violence, or violence involving a weapon?

Yes No

☐ ☐ Have you ever been **convicted** of any **MISDEMEANOR**?

### ALCOHOL OR DRUG RELATED OFFENSE (INCLUDING DUIs)

Yes No

☐ ☐ Have you ever been arrested, cited, held, detained, charged, convicted, or issued a traffic citation by federal, state, or other law enforcement authorities of any **crime related to alcohol or drugs**, including any **DUI** or **DWI**, even if the charge was dropped, dismissed, plea bargained, or you were found not guilty?

### CHILD OFFENSES

Yes No

☐ ☐ Have you ever been investigated, arrested, cited, held detained, charged or convicted by Department of Human Services, federal, state, or other law enforcement authorities of child offenses (molestation, abuse, neglect) even if the charge were dropped, dismissed, plea bargained, or you were found not guilty?

### WITHHELD JUDGEMENTS

Yes No

☐ ☐ Have you ever had a *withheld judgment* to a **FELONY**, **MISDEMEANOR**, or a **DUI**?

**If you answered "YES" to any of the questions listed on the previous page**, please list any and all felony's misdemeanors, and withheld judgments (regardless of how long ago they occurred) including but not limited to: forfeiture of bail, payment of a fine, pleas of guilty, nolo contendere, or a finding of guilt regardless of whether the imposition of a sentence is deferred, withheld, or the penalty suspended. Please list all court actions against you, even if you were told that they would not be recorded.

Exclude TRAFFIC CHARGES unless it resulted in a Felony, Misdemeanor, or a DUI charge or conviction.

Date Mo./Yr.	List the CHARGE and the degree of the charge	WHERE? City/State/County	Name of Law Enforcement Dept.	What was the Disposition/Outcome? (charged, convicted, dismissed, fine, jail, probation, prison?)

**Explain the circumstances** of each charge listed above in this box here and the outcome including fines/time served, community service and length, dismissal, and reasons, etc. Use reverse page if necessary.

## Other Arrests or Convictions

In addition, please provide any other **arrests** or **convictions** and a brief explanation for each incident. If necessary, please use the back of this page:

## Traffic Infractions – Last 8 Years

For traffic infractions, please list DATE of infraction, CHARGE type, DEGREE of infraction such as a misdemeanor, felony or withheld judgments, the DISPOSITION such as: pleas of guilty, payment of a fine, bail, forfeiture of bail, nolo contendere, withheld judgment or the penalty suspended, etc. Add the POLICE agency and where located.

Date	Charged with	Degree of Infraction	Disposition	Police Agency	City / State

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? ☐ YES ☐ NO If YES, please explain below.

Approximate Date	Police Agency	Charge (Please attach written explanation.)

## Relatives, Friends, and Acquaintances in the System

**DISCLOSURE:** To ensure public safety is maintained at its highest level, applicants having friends, acquaintances, and/or relatives (by marriage as well), or knowing anyone currently or previously in the custody of a county facility or state correctional institution, are required to disclose these relationships at the beginning of their employment as well as during employment, when applicable.

**OFFENDERS:** If you have relatives, friends, acquaintances, etc. currently or previously under federal, state, or county jurisdiction (i.e., prison, work release, probation), you will need to answer all requested information in the blocks below.

**FUTURE CHANGES:** Relatives, friends, acquaintances, etc. coming into or leaving the Idaho penal system will also need to be immediately disclosed.

Yes No

☐ ☐ Do you know anyone who (1) is currently incarcerated, (2) has been incarcerated in any county facility, state institution, federal prison, or (3) is currently or was previously on probation or parole? (**Note:** This includes, but is not limited to, relatives such as a child, parent, brother, sister, grandparent, aunt, uncle, niece, first cousin, fiancé, legal spouse, common-law spouse, "significant other", friends, acquaintances, someone with whom you had a previous relationship, your in-laws, and/or relatives related to your "significant other.")

**Be specific and answer all blocks.** Use backside of this form should you need more space.

Name of Relative/Friend First mi LAST	Name of Institution/ or Name of Probation Officer	City/State	Dates of Incarceration		Crime	Relationship to You
			From Mo./Yr.	From Mo./Yr.		

**YES answers** will require you to:

- (1) Complete the questions on the next page for **each** person identified, and,
- (2) Sign & complete HRS 211 **Form O** (see last page of this form) requiring you to report any changes to this list.

## Relatives, Friends, Acquaintances, Etc.

Please describe the type of relationship you have with this individual(s). Be specific.

How long has it been since you had personal contact with this individual(s)? Explain in terms of time.

Do you currently visit or have contact with this individual(s) on a regular basis? \_\_\_\_Yes \_\_\_\_No Explain.  
(Close? Very Close? Weekly? Monthly? Several times a years? Once a year? Over 3 years? Over 5 years or more?)

Is this individual(s) someone you have never met or haven't seen in years? Explain here.

Explain how your employment with the Department would not be disruptive or negatively impacted because of your association with this individual(s).

Please use the back of this page if more space is need.

## Additional Information

Is there any additional information that you would like to share concerning your character, honesty, and integrity? Please use the space below to comment.

## Source

**How did you find out about applying for employment with the Dept of Correction?**

- ☐ Division of Human Resources      ☐ Friend      ☐ Internet      ☐ Job Fair
- ☐ Job Service      ☐ Radio      ☐ Television      ☐ Job Announcement
- ☐ Other \_\_\_\_\_

## CERTIFICATION OF BACKGROUND ANSWERS

Please read and sign below.

### Department's Statement

The statements and answers that you provided in this background questionnaire are subject to verification. Any discrepancies, misstatements, omissions, and/or falsifications that you made, may disqualify you from consideration for employment, or may result in your dismissal from employment with the Idaho Department of Correction (IDOC).

### Applicant/Employee Statement of Understanding

I voluntarily agreed to provide this completed background questionnaire for the purpose of conducting a background check prior to a conditional offer of employment.

I understand that the background questionnaire must be fully completed and no information left out. If the form is partially completed, I may not be considered for employment.

### Applicant/Employee Statement of Certification

I certify that all of my answers in this questionnaire are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will subject me to disqualification from employment, disciplinary actions during my employment, and/or dismissal from employment with IDOC.

### Applicant/Employee Signature:

Print full name: \_\_\_\_\_

Sign full name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IDAHO DEPARTMENT OF CORRECTION**  
**Relative, Friend, Acquaintance, Etc. Agreement**

---

Date:

To: IDOC HUMAN RESOURCE SERVICES w/ Background Form

From:

RE: CONDITION OF EMPLOYMENT – Relative, Friend, Acquaintance in the System

---

List of individual(s) under federal, state, and count jurisdiction that are related, friends, or currently/previously acquainted.

---

---

---

---

I understand that there could be significant safety and security concerns while working in a prison institution, probation office, community work center, or even at the Central Office if I have friends, acquaintances, relatives, etc. who are currently or previously under the supervision of a federal, state, or count agency. As a condition of my continued employment with the department, I agree not to initiate any type of contact with these individuals without written and specific approval. If this individual(s) contacts me by any means, I will decline to dialogue and will report this to my warden or manager immediately.

To maintain my viability as a correctional employee, I understand that I will need to keep my relationship strictly professional with current offenders and released offenders and not compromise or appear to compromise my position and credibility while employed with the department. If, during my career, any new relative, friend, or acquaintance come under supervision of a federal, state, or count law enforcement agency, I am required to report this situation to my superiors.

Should, for any reason my friend, relative be transferred to the institution where I am currently employed, or if I transfer to another work location where they are located, I will immediately report this to my superiors (or designee). I understand that this presents a new security situation that must be resolved to the department's satisfaction.

---

Employee Name (Print)

---

Employee Signature

---

Date

---

IDOC Authority Signature

---

Institution or Work Unit

---

Date



## DEPARTMENT OF CORRECTION PERSONNEL ACTION REQUEST (PAR) INSTRUCTIONS

**PURPOSE:** The Personnel Action Request (PAR) form (HRS 211 [Form E](#)) is a formal memorandum from line management authorizing Human Resource Services to make a specific personnel action on an effective date. The action is reviewed by staff to ensure compliance with department policy and procedures. Use of this form for ALL personnel actions strengthens uniformity and minimizes confusion within the departmental operating units. SIGNATURE INDICATES APPROVAL. Non-approved actions are returned to the originator.

**INSTRUCTIONS:** Use current PAR forms only. Original documents only, no faxes. Submit PAR seven (7) days prior to effective date. Receiving location is responsible for creating PAR. Incomplete PARs with missing documents will not be processed and will be returned for completion, which may result in hiring delay.

**PART I.** Complete ALL blocks showing the requested status of either an existing employee, or a new employee. This ensures accurate information and processing. Obtain all unknown personal information from the employee (SSN, address, etc.). You will have the background to reference for new employee info. PCN number information can be obtained from HRS and the Fiscal Unit.

**PART II.** The effective date of hire is always the date the action is to begin and should correspond with pay period beginning dates. Transfers/promotions of current employees are effective on the first day of the pay period (Sunday). New employees' effective dates are their first day of work. Exceptions must be requested and approved by HRS. PCA number information can be obtained from the Fiscal Unit.

1. Check off the desired action in section **A**, Appointments/Assignments. The choices are:

1. Full time classified position **OR** Part time classified position. Enter hour amount.  
If applicable, check Initial appointment OR Reinstatement.
2. Temporary appointment. Check the hours to be worked.
3. Transfer of current employee. **Fill in blanks.** Check if from other state agency.
4. Assignment to an acting position. Attach required documentation.
5. Voluntary Demotion. Attach required documentation.
6. Promotion. Number 3 above must be completed for promotion also.  
Attach required documentation.
7. State Agency Transfer or Reinstatement. Attach required documentation.

2. Submit and check off the documents you have included with this PAR in section **B**:

- ☒ Original Background Information Questionnaire - with any required approvals (Forms D and O)
- ☒ Informed Consent Form for all Applicants
- ☒ Fiscal Impact Statement and Hire by Exception Justification (Form G)
- ☒ Fingerprint Cards
- ☒ Conditional Offer of Employment (Form P-1 or P-2)
- ☒ Coded Register
- ☒ Interview questions and All Job-Related Interview Forms
- ☒ Essential Job Function form with current information (Form B)
- ☒ I-9 Citizenship and Documents\* (Only Outside Boise)
- ☒ Benefit enrollment forms\* (Only outside Boise)

**PART III.** Originator and Manager/Warden signs, dates and forwards the PAR and all accompanying documents to Human Resource Services to coordinate final signatures and process all PAR actions received.

**DISTRIBUTION:** Upon all approvals, Human Resource Services will distribute a copy of PAR back to the originator. Contact **HRS** with any questions (208) 658-2024.

\*These may be completed during **group enrollment** at HRS in Boise on Monday mornings at 8:00 a.m. the first day of pay period. New employees must bring proof of citizenship and employability, i.e. driver's license and Social Security card. Also needed are Social Security numbers and birth dates of any spouse or dependents for insurance purposes.

**IDAHO DEPARTMENT OF CORRECTION**  
**Request for Criminal Records Check**

- ☐ Repository  
☐ Visitor  
☐ Offender  
☐ Friends/Relatives  
☐ Address  
☐ License

- ☐ Citizen  
☐ Education

Name: \_\_\_\_\_  
Last
First
Middle

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Position: \_\_\_\_\_ Contract Agency: \_\_\_\_\_

UNIT REQUESTING CRIMINAL CHECK		ILETS OPERATORS INFORMATION	
Requestors Name:		Date Received:	Application Date:
Work Location:			Date Started:
			Date Completed:
<b>BIQ DISCLOSURES (POSTED BY ILETs OPERATOR)</b>			
AKA Last Name(s):		AKA First Name(s):	
States Run in ILETs:			
<b>Miscellaneous Disclosures:</b>	<b>Criminal History Disclosures</b>	<b>Driver History Disclosures</b>	
Ex: work history, military, drug use etc.			
Friends, Relatives Acquaintances in the system:			
<b>ILETS CHECK – RESULTS AND FINDINGS</b>			
Felony Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Misdemeanor Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver License Status: <input type="checkbox"/> Yes State: <input type="checkbox"/> No		Motor Vehicle Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License Suspension Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CDL Status: <input type="checkbox"/> CWP	
<b>Miscellaneous Findings:</b>	<b>Criminal History Findings</b>		<b>Driver History Findings</b>
	SID #:	FBI #:	
ILETS Operator Signature:		Date:	
ILETS Operator Printed Name:		POST Standards: <input type="checkbox"/> Meets <input type="checkbox"/> Does not meet	
Comments:			
Law Enforcement Reference Completed: <input type="checkbox"/> Employer Reference Completed <input type="checkbox"/> Personal Reference Completed <input type="checkbox"/>			
<b>HRS Review For Positions Not Requiring POST Certification</b>			
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		Comments:	
Name (Print)	Date:		
Signature:			
<b>UNIT APPOINTING AUTHORITY REVIEW, APPROVAL &amp; SIGNATURE</b>			
I have reviewed the BIQ and Criminal History and have determined this applicant meets IDOC Hiring Standards			
Name (Print)	Date:	<input type="checkbox"/> Approved for Hire <input type="checkbox"/> Not Approved for Hire	
Signature:		If not approved, state reason:	
Signature:			

**DEPARTMENT OF CORRECTION**  
**ACTING POSITION MEMORANDUM OF AGREEMENT**

Date:

To:

From:

RE:           Acting Appointment to \_\_\_\_\_

---

This memorandum is to appoint \_\_\_\_\_ in an acting position of \_\_\_\_\_ effective \_\_\_\_\_ as authorized by IDAPA 15.04.01, *Rules of the Division of Human Resources and Personnel Commission*, sections 129 through 132.

This acting appointment shall be limited to one thousand forty (1,040) hours of credited state service.

This individual's pay is to be increased from \_\_\_\_\_ to \_\_\_\_\_ during this acting assignment to compensate for increased duties and responsibilities.

***Acting Appointee***

I agree and understand that this acting appointment is temporary and limited to one thousand forty (1,040) hours. I will return to my former pay and position when this acting assignment is complete. Should I resign during this acting appointment, the temporary increase will end before the final pay period resulting in vacation and compensatory time being paid at my prior rate of pay.

\_\_\_\_\_  
Acting Appointee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief (or designee's) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HRS Director (or designee's) Signature

\_\_\_\_\_  
Date

**DEPARTMENT OF CORRECTION**  
**ORIGINATING CASE AGENCY NUMBERS (OCA)**

0150 Parole Commission  
1000 Office of the Director  
1020 Division of Prisons  
1030 Institutional Services  
2000 Management Services  
2110 Human Resource Services  
3100 Idaho State Correctional Institution  
3200 South Idaho Correctional Institution  
3300 Idaho Correctional Institution – Orofino  
3400 North Idaho Correctional Institution  
3500 Idaho Maximum Security Institution  
3600 St. Anthony Work Camp  
3700 Pocatello Women’s Correctional Center  
5000 Community Corrections Administration  
5110 Community Corrections District 1  
5120 Community Corrections District 2  
5130 Community Corrections District 3  
5140 Community Corrections District 4  
5141 Community Corrections District 4A  
5150 Community Corrections District 5  
5160 Community Corrections District 6  
5170 Community Corrections District 7  
5230 Nampa Community Work Center  
5240 East Boise Community Work Center  
5250 Twin Falls Community Work Center  
5270 Idaho Falls Community Work Center  
5241 South Boise Community Work Center  
9100 Correctional Industries  
9200 ICC/CCA

## DEPARTMENT OF CORRECTION

### CRIMINAL HISTORY REQUESTS

In accordance with federal regulations, the Idaho Department of Correction is unable to release any criminal history information to applicants. To obtain your personal criminal history, you will need to send the Federal Bureau of Investigation (FBI) the following:

1. A set of your fingerprints on a blue applicant card or other standard size fingerprint card. You can obtain a set of fingerprints from your local law enforcement agency. Depending on the agency there may be an additional fee for fingerprinting.
2. A clearly printed or typed letter requesting the criminal history check, the reason why the criminal history check is being requested, and a complete return address.
3. A cashier's check or money order (no cash or personal checks) for \$18.00 made out to the **US Treasury**.

Send the three (3) above items to:

FBI COMPLEX  
ATTN SPECIAL CORRESPONDENCE UNIT  
1000 CLUSTER HOLLOW ROAD  
CLARKSBURG, WV 26306

If you need to contact the Special Correspondence Unit at the FBI, you can reach them at 1-304-625-3878.

# DEPARTMENT OF CORRECTION

## CONDUCTING NCIC CHECKS FOR BIQ

Only Qualified ILETS Operators can complete:

1. Each Background Investigation Questionnaire (BIQ) shall have a HRS 211 Form H attached to the front. Review the BIQ for States the applicant worked and lived to determine what States to query run. Note the States to be run in the "States Needing Query Run" block of Form H. In the "ILETS Operator" section list state abbreviations, and any AKA's, disclosures, or relatives in the system.
2. Be sure to conduct a separate NCIC query check for *each* AKA listed.
3. In the "Purpose" inquiry section on the screen, mark "J" for employment.
4. The minimum number of query checks to be conducted is three (3). Every query is a separate screen:
  - (a) **DQ** - Driving History (for each state) F-10 Tab Key
  - (b) **QH** - NCIC Criminal History F- 7 Tab Key
  - (c) **BIQ** - State Criminal History F - 8 Tab Key
5. The **DQ** - Driving History: run all states listed or needed.
  - (a) If applicant has more than one name, a maiden name or any aliases, enter an inquiry under each name. If information shows other states of residences, run a **KQ**.
  - (b) For states that do not return a driving history with the OLN, run a **KQ** check. Type KQ as the check type in the blank screen, upper left.
  - (c) Any AKA OLN, showing residence that was not listed, enter an inquiry **KQ** on these additional states.
6. The **QH** - Criminal History Check: enter the name, Social Security number and date of birth. Repeat for each separate name.
  - (a) If the check hits as FBI number, enter a **QR** inquiry (type **QR** on blank screen)
  - (b) If the check or FBI number references a state ID Number ("SID"), run a **FQ** screen for each number. A print-out of each screen is needed for attachment to the BIQ.
7. The **IQ** - State Criminal History: enter an inquiry for each state listed on Form H.
  - (a) If "SID" number is listed, run an inquiry **FQ** screen and print-out.
  - (b) If **FQ** and "SID" number printout show an arrest, but NO disposition of the arrest, contact the applicant requesting disposition, and note this on the Form H under "BIQ Results and Suitability". Hold BIQ until you receive disposition. When disposition is received, determine if still employable. If hire is questionable based on the information stated under hiring restrictions, the appointing authority shall provide a "Hire by Exception Justification" HRS 211 [Form G](#), and forward with the BIQ to the division chief for approval. If the division chief approves, he shall forward to the director for final approval who will forward to HRS for quality control review and retention. Please refer to Policy 211, Hiring and Probation, section 05.01.08.
  - (c) If any other states appear that you did not run, then run a **DQ** and **QH** query with each state.
8. After (or during) all queries are run, write in the upper right hand corner of each printout query the type of run: **DQ, QH, IQ, FQ, QR**.
9. Staple or clip all printouts to the backside of the BIQ

**IDAHO DEPARTMENT OF CORRECTION**  
**Relative, Friend, Acquaintance, Etc. Agreement**

---

Date:

To: IDOC HUMAN RESOURCE SERVICES w/ Background Form

From:

RE: CONDITION OF EMPLOYMENT – Relative, Friend, Acquaintance in the  
System

---

List of individual(s) under federal, state, and count jurisdiction that are related, friends, or currently/previously acquainted.

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I understand that there could be significant safety and security concerns while working in a prison institution, probation office, community work center, or even at the Central Office if I have friends, acquaintances, relatives, etc. who are currently or previously under the supervision of a federal, state, or count agency. As a condition of my continued employment with the department, I agree not to initiate any type of contact with these individuals without written and specific approval. If this individual(s) contacts me by any means, I will decline to dialogue and will report this to my warden or manager immediately.

To maintain my viability as a correctional employee, I understand that I will need to keep my relationship strictly professional with current offenders and released offenders and not compromise or appear to compromise my position and credibility while employed with the department. If, during my career, any new relative, friend, or acquaintance come under supervision of a federal, state, or count law enforcement agency, I am required to report this situation to my superiors.

Should, for any reason my friend, relative be transferred to the institution where I am currently employed, or if I transfer to another work location where they are located, I will immediately report this to my superiors (or designee). I understand that this presents a new security situation that must be resolved to the department's satisfaction.

---

Employee Name (Print)

---

Employee Signature

---

Date

---

IDOC Authority Signature

---

Institution or Work Unit

---

Date